

Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE LONG FORM

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☐ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Statement covers period
from 1-1-96
through 9-30-96

Date Stamp

RECEIVED

Date of election if applicable:
(Month, Day, Year)

11-5-96

CALIFORNIA 1994 FORM 490

Page 1 of 9

For Official Use Only

I Officeholder, Candidate, and Controlled Committee
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

KEITH LAND

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LODI CITY COUNCIL

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

511 CHARLESTON WAY

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
LODI CALIFORNIA 95242 (209) 368-6708

COMMITTEE NAME I.D. NUMBER

COMMITTEE TO ELECT KEITH LAND

942177

COMMITTEE ADDRESS (NO. AND STREET)

1806 WEST KETTLEMAN LANE, SUITE K

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
LODI CALIFORNIA 95242 (209) 333-7318

NAME OF TREASURER

DAVID L DUNCAN, CPA

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

1820 WEST KETTLEMAN LANE, SUITE A

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
LODI CALIFORNIA 95242 (209) 339-0100

II Other Committees Not Included in this Statement: List any other
committees not included in this consolidated statement that are controlled by you and any
committees of which you have knowledge that are primarily formed to receive contributions
or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-4-96 At LODI, CALIFORNIA
DATE CITY AND STATE

By David L Duncan CPA
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-4-96 At LODI, CALIFORNIA
DATE CITY AND STATE

By Keith Land
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on DATE At CITY AND STATE

By SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on DATE At CITY AND STATE

By SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

Statement covers period from 1-1-96 through 9-30-96	CALIFORNIA 1994 FORM 490 Page 2 of 9 I.D. NUMBER 942177
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Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ 4,480.00	\$ -0-	\$ 4,480.00
2. Loans Received	Schedule B, Line 7	2,500.00	-0-	2,500.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 6,980.00	\$ -0-	\$ 6,980.00
4. Non-monetary Contributions	Schedule C, Line 3	325.00	-0-	325.00
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 7,305.00	\$ -0-	\$ 7,305.00
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	-0-	-0-	-0-
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 7,305.00	\$ -0-	\$ 7,305.00

Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 4,569.62	\$ -0-	\$ 4,569.62
9. Loans Made	Schedule H, Line 7	-0-	-0-	-0-
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 4,569.62	\$ -0-	\$ 4,569.62
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	442.93	-0-	442.93
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 5,012.55	\$ -0-	\$ 5,012.55

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 99.00
14. Cash Receipts	Column A, Line 3 above	6,980.00
15. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
16. Cash Payments	Column A, Line 10 above	4,569.62
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 2,509.38

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Summary for Candidates in Both June and November Elections

18. LOAN GUARANTEES RECEIVED

Schedule B, Part I, Column (b)

\$ -0-

21. Contributions Received 1/1 through 6/30 7/1 to Date

22. Expenditures Made \$

Cash Equivalents and Outstanding Debts

19. Cash Equivalents See Instructions on reverse \$

20. Outstanding Debts Add Line 2 + Line 11 in Column C above \$ 2,942.93

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1-1-96</u> through <u>9-30-96</u>		CALIFORNIA 1994 FORM 490
		Page <u>3</u> of <u>9</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE KEITH LAND / COMMITTEE TO ELECT KEITH LAND		I.D. NUMBER 942177

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8-31-96	JAMES V DEMERA III 242 VALLEY OAK PLACE WOODBIDGE, CALIFORNIA 95258	ATTORNEY MULLEN SULLIVAN & NEWTON	250.00	250.00	
9-27-96	GENERAL MILLS INC ATTENTION BOB WHEELER 2000 WEST TURNER ROAD LODI, CALIFORNIA 95242	MANUFACTURING FOOD PRODUCTS	500.00	500.00	
SUBTOTAL \$			750.00		

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 750.00
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 3,730.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 4,480.00

Schedule B — Part I Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - Part I

Statement covers period from <u>1-1-96</u> through <u>9-30-96</u>	CALIFORNIA 1997 FORM 490
Page <u>4</u> of <u>9</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

942177

DATE	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
3-22-96	KEITH LAND 511 CHARLESTON WAY LODI, CALIFORNIA 95242 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	CANDIDATE	DUE DATE DEMAND INTEREST RATE 0 %	500.00	CALENDAR YEAR \$ 500.00 OTHER \$		CALENDAR YEAR \$ OTHER \$
8-14-96	KEITH LAND 511 CHARLESTON WAY LODI, CALIFORNIA 95242 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor*	CANDIDATE	DUE DATE DEMAND INTEREST RATE 0 %	2,000.00	CALENDAR YEAR \$ 2,500.00 OTHER \$		CALENDAR YEAR \$ OTHER \$
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*		DUE DATE INTEREST RATE %		CALENDAR YEAR \$ OTHER \$		CALENDAR YEAR \$ OTHER \$
			SUBTOTAL \$ ^(a) 2,500.00		\$ ^(b) Enter (b) on Summary Page, Line 18 only.		

*See important instructions on reverse.

Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) \$ 2,500.00
- Loans under \$100 received this period. (Do not itemize.) \$ -0-
- Total loans received this period. (Add Lines 1 and 2.) TOTAL \$ 2,500.00

Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ -0-
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ -0-
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) TOTAL \$ (-0-)
- Net change this period. (Subtract Line 6 from Line 3.) NET \$ 2,500.00
Enter the net here and on the Summary Page, Column A, Line 2. May be a negative number.

Schedule B — Part III
Annual Report of Outstanding Loans Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE B - Part III

Statement covers period from <u>1-1-96</u> through <u>9-30-96</u>	CALIFORNIA 1994 FORM 490 Page <u>5</u> of <u>9</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

942177

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
KEITH LAND	3-22-96	500.00	500.00	-0-
KEITH LAND	8-14-96	2,000.00	2,000.00	-0-
Attach additional information on appropriately labeled continuation sheets.			TOTAL \$ 2,500.00	

NOTE: This total should be
 the same amount as entered
 on the Summary Page,
 Column C, Line 2.

Schedule C Non-Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>1-1-96</u> through <u>9-30-96</u>	CALIFORNIA STATE FORM 490
	Page <u>6</u> of <u>9</u>
I.D. NUMBER 942177	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9-30-96	SWINNEY KIEHN & DUNCAN CPA'S 1820 W. KETTLEMAN LANE, SUITE A LODI, CALIFORNIA 95242	CERTIFIED PUBLIC ACCOUNTANTS	CLERICAL SERVICES	250.00		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 250.00

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 250.00
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ 75.00
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$ 325.00

Schedule E Payments and Contributions (Other Than Loans) Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 1-1-96 through 9-30-96	CALIFORNIA 490 1994 FORM Page 7 of 9 I.D. NUMBER 942177
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

KEITH LAND / COMMITTEE TO ELECT KEITH LAND

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
SHARA GUERRETTE 209 APPLEWOOD DRIVE LODI, CALIFORNIA 95242	L	CANDIDATE BROCHURE - DEVELOPMENT AND NEWSPRINT LAYOUT	575.00
LODI PRINTING COMPANY 110 NORTH SCHOOL STREET LODI, CALIFORNIA 95240	L	CANDIDATE BROCHURE - PRINTING \$1,495.57 LAWN SIGNS 604.00	2,099.57
PHOTO INSTANT PRINT 222 WEST PINE STREET LODI, CALIFORNIA 95240	G	LETTERHEAD AND ENVELOPES	242.93

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 2,917.50

Payments and Contributions Made Summary

- | | |
|---|-------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ 4,569.50 |
| 2. Payments made this period of under \$100. (Do not itemize.) | \$.12 |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) | \$ -0- |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) | \$ -0- |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ 4,569.62 |

Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE E (cont.)

SEE INSTRUCTIONS ON REVERSE

Statement covers period		CALIFORNIA 1994 FORM 490
from 1-1-96		
through 9-30-96		Page 8 of 9
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER
KEITH LAND / COMMITTEE TO ELECT KEITH LAND		942177

CODES FOR CLASSIFYING EXPENDITURES

- | | | |
|---|---|---|
| "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" -- BROADCAST ADVERTISING | "G" -- GENERAL OPERATIONS AND OVERHEAD |
| "I" -- INDEPENDENT EXPENDITURES | "N" -- NEWSPAPER AND PERIODICAL ADVERTISING | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" -- LITERATURE | "O" -- OUTSIDE ADVERTISING | "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" -- FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DON PARSONS - STRATEGIC RESEARCH 4555 NORTH PERSHING AVENUE #33-388 STOCKTON, CALIFORNIA 95207	L		MAILING LIST / PRECINCT INDEX	760.50
SEGALE SIGNS 204 NORTH SACRAMENTO STREET LODI, CALIFORNIA 95242	O		OUTSIDE SIGNS	706.50
U.S. POSTMASTER 120 SOUTH SCHOOL STREET LODI, CALIFORNIA 95241	G		STAMPS / PERMITS	185.00

SUBTOTAL \$ 1,652.00

Schedule Accrued Expenses (Unpaid Bills)

Write or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from 1-1-96 through 9-30-96	CALIFORNIA STATE FORM 490 Page 9 of 9 I.D. NUMBER 942177
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE
KEITH LAND / COMMITTEE TO ELECT KEITH LAND

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.		
	CODE	OR DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
LODI NEWS-SENTINEL 125 NORTH CHURCH STREET LODI, CALIFORNIA 95240	N	NEWSPAPER ADVERTISING ESTIMATED AMOUNT	200.00
PHOTO INSTANT PRINT 222 WEST PINE STREET LODI, CALIFORNIA 95240	G	LETTERHEAD AND ENVELOPES	242.93

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 442.93

Accrued Expenses Summary

- | | |
|---|--------------------------|
| 1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.) | \$ 442.93 |
| 2. Accrued expenses this period of under \$100. (Do not itemize.) | \$ |
| 3. Total accrued expenses incurred this period. (Add Lines 1 and 2.) | INCURRED TOTAL \$ 442.93 |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) | PAID TOTAL \$ (-0)- |
| 5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) | NET \$ 442.93 |

May be a negative number.